Emily Lemiska
U.S. PAIN Foundation

Testimony in Support of
HB 7123 AN ACT LIMITING CHANGES TO HEALTH INSURERS' PRESCRIPTION DRUG FORMULARIES.

March 1, 2017

Good Afternoon Senator Larson, Senator Kelly, Representative Scalon, Representative Sampson and Members of the Insurance and Real Estate Committee:

My name is Emily Lemiska. I'm here to express my support for HB 1723 **An Act Limiting Changes to Health Insurers Prescription Drug Formularies.** As Associate Director of State Advocacy for the US Pain Foundation, we are located in Middletown, and we are the largest chronic pain advocacy group in the nation. I am also here to express my support for the bill as an individual who lives with constant pain due to rare spine and spinal cord defects.

I know firsthand of this practice of non-medical switching because I received a notice from my insurer two weeks ago about a midyear coverage change, that affected a topical pain cream I use. Why? Because Connecticut insurers are not required to honor the terms of the prescription coverage they market and sell.

Taking advantage of this loophole, insurers frequently reduce coverage for medications midyear, after open enrollment is over. These changes can range from increased copays to imposing more restrictions around access, like quantity limits, to completely eliminating a drug from a formulary.

Whatever the case, suddenly, patients – who may carefully research and select a plan based on the prescription coverage it offers – find themselves locked into insurance that doesn't meet their needs. Many times, the unspoken goal of these midyear changes is to force patients off their original medication and onto an insurer-preferred one, regardless of the health effects or advice of clinicians.

Studies show that forced medication switches can lead to increased symptoms, side effects and even relapse, which may actually increase overall health care costs. For example, rheumatoid arthritis patients who were switched were shown to experience 42 percent more ER visits and 12 percent more outpatient visits than those who were not switched.[1] Meanwhile, patients with painful autoimmune conditions like psoriasis or Crohn's who were switched incurred 37 percent higher medical costs than those who weren't.[1]

Given how unsafe and unfair midyear coverage changes are, it's no wonder the **American Medical Association** and a consumer workgroup of the **National Association of Insurance Commissioners** both recently came out in opposition to these types of practices. To date,

four states – Nevada, Texas, Louisiana and just recently California – already have laws protecting their residents from them, and 10 are considering similar legislation this year. Even Medicare protects its enrollees from midyear coverage changes.

It's crucial to note that HB 1723 would not prohibit generic substitution, that insurers can always add new drugs that come on the market or remove drugs for safety reasons as dictated by the FDA. All it asks is that insurers make coverage reduction during open enrollment, when consumers have a fair chance to assess those reductions and make the best choice for themselves.

That said, while we applaud this bill, we as an organization actually wish it went even *further* by including an amendment to exempt vulnerable patients who are medically stable from losing coverage for a vital medication in between plan years. We would be happy share model language on this added protection, which is supported by several national patient organizations.

I ask that the Committee take favorable action on this bill to help close this loophole for patients and consumers in order to prevent this type of "bait and switch" tactic that insurers employ to increase their profits.

On behalf of Connecticut pain patients, thank you for your time and consideration I would be happy to answer any questions.

Sincerely,

Emily Lemiska

Associate director of state advocacy for U.S. Pain Foundation
Hartford resident